



Electronic Recording Delivery System Application for DOJ Computer Security Auditor Approval

TYPE OR PRINT (IN INK) ALL INFORMATION
REQUESTED ON THE APPLICATION FORM.
SIGNATURE MUST BE ORIGINAL.

TYPE OF APPLICATION

(CHECK ONE BOX ONLY)

INITIAL ☐ RENEWAL ☐

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____

Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

SECTION A (AUDITOR INFORMATION)

AUDITOR NAME		DRIVER LICENSE #		ERDS CERTIFICATE # (Required for renewal)	
COMPANY NAME				DATE OF BIRTH	
ADDRESS		CITY		STATE	ZIP CODE
TELEPHONE # ()		FAX # ()		E-MAIL	
ARE YOU BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT IS THE LEVEL OF THE BOND?		BONDING AGENCY'S NAME	
GEOGRAPHICAL LOCATION(S): NORTHERN CALIFORNIA <input type="checkbox"/> CENTRAL CALIFORNIA <input type="checkbox"/> SOUTHERN CALIFORNIA <input type="checkbox"/> ALL <input type="checkbox"/>					
EMPLOYER (if any)		E-MAIL		TELEPHONE # ()	FAX # ()
ADDRESS		CITY		STATE	ZIP CODE

SECTION B (SIGNIFICANT EXPERIENCE CRITERIA)

ATTACH COPIES OF THE APPROPRIATE CERTIFICATION(S) WITH YOUR APPLICATION:

- 1) THE EXPERIENCE CRITERIA CAN BE MET BY THE POSSESSION OF AT LEAST ONE OF THE FOLLOWING CERTIFICATIONS, AND IS IN GOOD STANDING WITH THE CERTIFYING ORGANIZATION:
 - A) CERTIFIED INTERNAL AUDITOR (CIA), THE INSTITUTE OF INTERNAL AUDITORS; **OR**
 - B) CERTIFIED INFORMATION SYSTEMS AUDITOR (CISA), INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION.
- 2) IF THE AUDITOR DOES NOT HAVE THE CIA OR THE CISA CERTIFICATION, HE OR SHE SHALL POSSESS ONE OF THE FOLLOWING CERTIFICATIONS AND MEET THE NOTED QUALIFICATIONS. THE CERTIFICATION SHALL BE SUBMITTED ON THE COMPUTER SECURITY AUDITOR SIGNIFICANT EXPERIENCE REFERENCES (ERDS FORM # 0004) AND ATTACHED TO THE APPLICATION:
 - A) CERTIFIED FRAUD EXAMINER (CFE), ASSOCIATION OF CERTIFIED FRAUD EXAMINERS (ACFE)
QUALIFICATION: WHO HAS AT LEAST TWO YEARS OF EXPERIENCE IN THE EVALUATION AND ANALYSIS OF INTERNET SECURITY DESIGN IN THE CONDUCT OF SECURITY TESTING PROCEDURES, AND SPECIFIC EXPERIENCE PERFORMING INTERNET PENETRATION STUDIES. THIS EXPERIENCE SHALL HAVE BEEN WITHIN THE FIVE-YEAR PERIOD PRECEDING THE APPLICATION DATE; **OR**
 - B) CERTIFIED INFORMATION SYSTEMS SECURITY PROFESSIONAL (CISSP), INTERNATIONAL INFORMATION SYSTEMS SECURITY CERTIFICATION CONSORTIUM (ISC)
QUALIFICATION: WHO HAS AT LEAST TWO YEARS OF EXPERIENCE IN THE EVALUATION AND ANALYSIS OF INTERNET SECURITY DESIGN IN THE CONDUCT OF SECURITY TESTING PROCEDURES, AND SPECIFIC EXPERIENCE PERFORMING INTERNET PENETRATION STUDIES. THIS EXPERIENCE SHALL HAVE BEEN WITHIN THE FIVE-YEAR PERIOD PRECEDING THE APPLICATION DATE; **OR**
 - C) MEET THE EXPERIENCE REQUIREMENTS FOR EITHER OF THE TWO CERTIFICATIONS DEFINED IN 2 A OR B ABOVE EXCEPT FOR COMPLETION OF THE FORMAL EXAM MAY BE APPROVED IF THEY ACHIEVED A GLOBAL INFORMATION ASSURANCE CERTIFICATION (GIAC) GLOBAL SYSTEMS AND NETWORK AUDITOR (GSNA) CERTIFICATION THROUGH THE SYSTEMS AND NETWORKS SECURITY (SANS) INSTITUTE.

APPLICATION FOR DOJ COMPUTER SECURITY AUDITOR APPROVAL
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AUDITOR NAME _____

SECTION C (APPLICATION CHECKLIST)

CHECK THE BOX IF THESE ITEMS ARE ATTACHED:

INITIAL APPLICATION

- ☐ ERDS 0004 COMPUTER SECURITY AUDITOR SIGNIFICANT EXPERIENCE
REFERENCE(S) (if applicable) - OR -
☐ CERTIFICATION(S) (if applicable)
☐ PROOF OF FINGERPRINT SUBMISSION

RENEWAL APPLICATION

- ☐ ERDS 0004 COMPUTER SECURITY AUDITOR SIGNIFICANT
EXPERIENCE REFERENCE(S) (if applicable) - OR -
☐ CERTIFICATION(S) (if applicable)

SECTION D (TERMS/CONDITIONS and DECLARATION)

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application, is true, correct and complete, and that any false or dishonest answer to any question may be grounds for denial or subsequent termination or suspension of approval.

I attest that I am not an Authorized Submitter, Agent of an Authorized Submitter, or Vendor of ERDS Software as defined in the Baseline Requirements and Technology Standards.

Auditor Signature: _____ Date: _____

Print Name: _____

Application Submission

The information on this application and all documentation becomes the property of the Department of Justice and will be used by authorized personnel. All documentation submitted shall be exempt from disclosure pursuant to the Information Practices Act of 1977, Civil Code Section 1798 et seq.

Mail to: State of California
Department of Justice
CJIS Operations Support Bureau
Electronic Recording Delivery System Program
P.O. Box 160526
Sacramento, CA 95816-0526